

<i>SERFF Tracking Number:</i>	<i>MWSG-125624924</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Western Reserve Life Assurance Co. of Ohio</i>	<i>State Tracking Number:</i>	<i>38972</i>
<i>Company Tracking Number:</i>	<i>PFA11008W</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Addendum to Application for Life Insurance Coverage</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Western Reserve Life Assurance Co. of Ohio		
Product Name: Addendum to Application for Life Insurance Coverage	SERFF Tr Num: MWSG-125624924	State: ArkansasLH
TOI: L09I Individual Life - Flexible Premium Adjustable Life	SERFF Status: Closed	State Tr Num: 38972
Sub-TOI: L09I.001 Single Life	Co Tr Num: PFA11008W	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: June Stracener, Dorothy Seals	Disposition Date: 05/15/2008
	Date Submitted: 05/09/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Filing submitted concurrently with this filing.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 05/15/2008	
State Status Changed: 05/15/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

This form, which is identical except for the Company name, address, and form number, is concurrently being filed under the Company's sister companies of Transamerica Life Insurance Company and Transamerica Occidental Life Insurance Company and is simultaneously being submitted to its domiciliary state of Ohio. It is a new form and does not replace any previously approved form.

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	<i>Adjustable Life</i>		
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Addendum to Application for Life Insurance Coverage (form PFA11008W) is intended to be a supplement to universal life application forms previously approved by your Department as well as those that are approved in the future. The Addendum will be completed at the same time as the application form and must be submitted prior to a policy being issued. It is for use with universal life policy forms previously approved by your Department as well as those that are approved in the future.

The Addendum will be used under the following conditions: (1) the actual age of the proposed insured(s) is 65 or older at the time the applied for policy is issued; (2) a policy with a face amount of \$ 1 million or greater is being applied for; and (3) the policy applied for will not be owned by a qualified retirement plan. The Addendum will be used to identify Stranger Originated Life Insurance (STOLI) situations. The questions posed on the Addendum are to identify impermissible STOLI transactions which the Company plans to decline to insure. If there are material misstatements of the facts on this issue, the Company will plan on contesting as permitted by law.

The approved base policy form(s) will be marketed through the Company's agent field force and is designed for clients who desire and will benefit from the purchase of a flexible premium adjustable life insurance policy.

Company and Contact

Filing Contact Information

(This filing was made by a third party - MWSGW01)

Doak Foster, Attorney	dfoster@mwsgw.com
425 West Capitol Avenue	(501) 688-8841 [Phone]
Little Rock, AR 72201-3525	(501) 688-8807[FAX]

Filing Company Information

Western Reserve Life Assurance Co. of Ohio	CoCode: 91413	State of Domicile: Ohio
4333 Edgewood Road	Group Code: 468	Company Type: Life Insurer
Cedar Rapids, IA 52499	Group Name: AEGON USA Inc.	State ID Number:
(319) 355-8511 ext. [Phone]	FEIN Number: 43-1162657	

SERFF Tracking Number: MWSG-125624924 *State:* Arkansas
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TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: Ohio charges \$ 50 per filing. Arkansas charges \$ 20 per incidental form.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Western Reserve Life Assurance Co. of Ohio	\$50.00	05/09/2008	20207392

SERFF Tracking Number:	MWSG-125624924	State:	Arkansas
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TOI:	L09I Individual Life - Flexible Premium	Sub-TOI:	L09I.001 Single Life
	Adjustable Life		
Product Name:	Addendum to Application for Life Insurance Coverage		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/15/2008	05/15/2008

SERFF Tracking Number:	MWSG-125624924	State:	Arkansas
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TOI:	L09I Individual Life - Flexible Premium	Sub-TOI:	L09I.001 Single Life
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Product Name:	Addendum to Application for Life Insurance Coverage		
Project Name/Number:	/		

Disposition

Disposition Date: 05/15/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MWSG-125624924 State: Arkansas

Filing Company: Western Reserve Life Assurance Co. of Ohio State Tracking Number: 38972

Company Tracking Number: PFA11008W

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: Addendum to Application for Life Insurance Coverage

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Authorization Letter for Western Reserve		Yes
Supporting Document	Flesch Score Certification for Western Reserve		Yes
Supporting Document	5-9-08 Cover Letter		Yes
Form	Addendum to Application for Life Insurance Coverage		Yes

SERFF Tracking Number: MWSG-125624924 State: Arkansas
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Form Schedule

Lead Form Number: PFA11008W

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	PFA11008W	Application/ Enrollment Form	Addendum to Application for Life Insurance Coverage	Initial		50	Western Reserve PFA11008W.pdf



Western Reserve Life Assurance Co. of Ohio
4333 Edgewood Road NE
Cedar Rapids, IA 52499

Addendum to Application for Life Insurance Coverage

This document serves as an addendum to the life insurance application, and must be submitted prior to a policy being issued. All responses to the questions below will be considered part of the application.

This addendum to the applied for policy is to be completed, signed and submitted prior to the issuance of any universal life insurance policy(ies) (including conversions from term policies within the first five years of policy issue) if:

- the Proposed Insured(s) actual age(s) is 65 or older at the time the applied for policy is issued,
- a policy with a face amount of \$1 million or greater is being applied for, and
- the policy applied for will not be owned by a qualified retirement plan.

Please answer the following questions either yes or no, and provide details for any yes answers in the space below.

1. ☐ Yes ☒ No Has anyone offered or provided to anyone any inducement - such as cash or other compensation in relation to the applied-for life insurance policy? If yes, please explain: _____

2. ☐ Yes ☒ No Is there any plan to sell or transfer any interest in the applied-for life insurance policy? If yes, please explain: _____

3. ☐ Yes ☒ No If an entity will own the applied-for policy, is there any plan to sell or transfer any beneficial interest in the entity? If yes, please explain: _____

4. ☐ Yes ☒ No Will premiums for the applied-for life insurance policy be borrowed? If yes, please explain (including details of loan guarantee, if any): _____

5. ☐ Yes ☐ No If you answered yes to question 4, can the loan be repaid by the transfer of the applied-for policy to the lender or any other person affiliated with the lender? If yes, please explain: _____

6. ☐ Yes ☐ No If you answered yes to question 4, will the amount of any loan or loans, or the borrower's payment obligation, on termination of the financing exceed the amount needed to pay life insurance policy premiums, loan interest, and loan fees? If yes, please explain: _____

I understand that any arrangement for borrowing funds for the payment of policy premiums is a matter between the lender and the borrower. Western Reserve Life Assurance Co. of Ohio is not a party to any such arrangement and will not become a party to any such arrangement.

I also understand that neither Western Reserve Life Assurance Co. of Ohio nor any person acting on its behalf has furnished legal or tax advice upon which I/We may rely. The financing of life insurance premiums involves important tax and other considerations. Western Reserve Life Assurance Co. of Ohio strongly recommends that you seek advice from your own qualified advisors.

It is represented that the statements and answers given in this supplement to the application are true, complete and correctly recorded. It is agreed that this supplement shall be a part of the application to Western Reserve Life Assurance Co. of Ohio for insurance on the life of the Proposed Insured, and shall be the basis for any policy issued on this application. I understand that the statements and answers given in this Addendum are material to Western Reserve Life Assurance Co. of Ohio decision to issue any policy applied for, and that Western Reserve Life Assurance Co. of Ohio would not issue the policy being applied for if the statements and answers given on the subject matters covered in this Addendum are not true, complete and correctly reported.

Signed at Any City, Any State this 15th day of April, 2008

John A. Doe
Signature of Proposed Insured(s)

4-15-08
Date

Proposed Owner(s) Signature
(If different from Insured(s))

Date

Wilbur Doe
Witness

4-15-08
Date

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Rate Information

Rate data does NOT apply to filing.

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Product Name: Addendum to Application for Life Insurance Coverage
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 04/26/2008
Comments:
Attachment:
AR Western Reserve Certificate of Compliance.pdf

Review Status:

Satisfied -Name: Application 04/26/2008
Comments:
Please refer to the cover letter for the application information.

Review Status:

Bypassed -Name: Health - Actuarial Justification 04/26/2008
Bypass Reason: Not applicable. The form being submitted is an addendum (supplement) to a previously approved application.
Comments:

Review Status:

Bypassed -Name: Outline of Coverage 04/26/2008
Bypass Reason: Not applicable. The form being submitted is an addendum (supplement) to a previously approved application.
Comments:

Review Status:

Satisfied -Name: Authorization Letter for Western Reserve 04/28/2008
Comments:
Attachment:
Western Reserve Authorization Letter.pdf

Review Status:

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Project Name/Number: /

Satisfied -Name: Flesch Score Certification for 04/28/2008
Western Reserve

Comments:

Attachment:

Western Reserve Flesch Score Cert.pdf

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Project Name/Number: /

Review Status:

Satisfied -Name: 5-9-08 Cover Letter

05/09/2008

Comments:

Attachment:

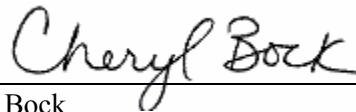
AR Western Reserve Cover Letter Dated 5-9-08.pdf

CERTIFICATION

I, Cheryl Bock, Assistant Vice President of Contract Development of Western Reserve Life Assurance Co. of Ohio, do hereby certify that the Form identified below complies with:

- Arkansas Rule and Regulation 19, Unfair Sex Discrimination in the Sale of Insurance.
- Arkansas Rule and Regulation 49, Life and Health Insurance Guaranty Association Notices.
- Arkansas Rule and Regulation 34.
- Arkansas Code Annotated § 23-79-138 as provided for in Bulletin 11-88, Consumer Information Notice.

WESTERN RESERVE LIFE ASSURANCE CO.
OF OHIO



Cheryl Bock
Assistant Vice President of Contract Development

Date: 4/25/08

Name of Form

Addendum to Application for Life Insurance Coverage

Form Number

PFA11008W



Western Reserve Life Assurance Co. of Ohio
Home Office: Columbus, Ohio
Administrative Office:
4333 Edgewood Road NE
Cedar Rapids, Iowa 52406-3183

April 24, 2008

INSURANCE COMMISSIONER

This letter, or a copy thereof, will authorize Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to represent Western Reserve Life Assurance Company of Ohio in any matters related to the submission of policy forms to your state.

Very truly yours,

A handwritten signature in black ink that reads "Cheryl Bock". The signature is written in a cursive, flowing style.

Cheryl Bock
Assistant Vice President of Contract Development

FLESCH READABILITY CERTIFICATION

Form Number (may vary by state)

Flesch Score

PFA11008

50.0

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

A handwritten signature in black ink that reads "Cheryl Bock". The signature is written in a cursive style with a horizontal line underneath the name.

Cheryl Bock, Assistant Vice President of Contract Development

MITCHELL | WILLIAMS

DOAK FOSTER
DIRECT DIAL: 501-688-8841
E-MAIL: DFOSTER@MWSGW.COM

425 WEST CAPITOL AVENUE, SUITE 1800
LITTLE ROCK, ARKANSAS 72201-3525
TELEPHONE 501-688-8800
FAX 501-688-8807

May 9, 2008

The Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Attn: Mr. Dan Honey
Director, Life and Health

RE: **WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO**
(NAIC No. 91413; FEIN No. 43-1162657)
Addendum to Application for Life Insurance Coverage (Form PFA11008W)
SERFF Filing No. MWSG-125624924

Dear Commissioner Bowman:

On behalf of our client, Western Reserve Life Assurance Co. of Ohio (the "Company"), we are enclosing the above referenced form for your review and approval. This form is new and does not replace any previously approved form. Also enclosed are the following:

1. The Company's letter authorizing Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to make this filing on the Company's behalf;
2. A Flesch score certification; and
3. An executed Certification of Compliance.

The filing fee of \$50 is being sent to you via EFT.

This form is being submitted in final printed form in which it will be distributed to the Insured. It is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address and phone number, adaptation to computer printing, and Officers' signatures. This form, which is identical except for the Company name, address, and form number, is concurrently being filed under the Company's sister companies of Transamerica Life Insurance Company and Transamerica Occidental Life Insurance Company and is simultaneously being submitted to its domiciliary state of Ohio.

Addendum to Application for Life Insurance Coverage (form PFA11008W) is intended to be a supplement to universal life application forms previously approved by your Department identified below as well as those that are approved in the future. The Addendum

will be completed at the same time as the application form and must be submitted prior to a policy being issued. It is for use with universal life policy forms previously approved by your Department identified below as well as those that are approved in the future.

Type of Form	Policy Form	Approval Date
Policy	VL15AR	8-17-06
Policy	VL16AR	8-17-06
Policy	VL17AR	7-17-07
Policy	VL18AR	11-15-07
Policy	VL19AR	11-15-07
Policy	VL21AR	1-16-08
Policy	UL02 0707 AR	11-2-07
Policy	EIUL02 0707 AR	8-31-07
Application	U000307	9-14-07
Application	U000301	6-21-06
Application	U000303	8-17-06
Application	U000306	10-23-06
Application	U000308	7-17-07
Application	U000309	11-15-07
Application	U000305	2-8-07
Application	U000310	8-31-07

The Addendum will be used under the following conditions: (1) the actual age of the proposed insured(s) is 65 or older at the time the applied for policy is issued; (2) a policy with a face amount of \$ 1 million or greater is being applied for; and (3) the policy applied for will not be owned by a qualified retirement plan. The Addendum will be used to identify Stranger Originated Life Insurance (STOLI) situations. The questions posed on the Addendum are to identify impermissible STOLI transactions which the Company plans to decline to insure. If there are material misstatements of the facts on this issue, the Company will plan on contesting as permitted by law.

The approved base policy form(s) will be marketed through the Company's agent field force and is designed for clients who desire and will benefit from the purchase of a flexible premium adjustable life insurance policy.

To the best of the Company's knowledge, information and belief, the form submitted herewith is in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state, and such form contains no provisions previously disapproved by your Department.

The Honorable Julie Benafield Bowman
May 9, 2008
Page 3

If you have any questions or need anything further to expedite the review and approval of this filing, please contact me at (501) 688-8841 or my paralegal, June Stracener at (501) 370-4225. Thank you for your assistance in this matter.

Sincerely,

MITCHELL, WILLIAMS, SELIG,
GATES & WOODYARD, P.L.L.C.

By 
Doak Foster *ky Bff*

DF:ka

Enclosures

cc: Mr. Fred Alvarado
Ms. Stephanie Mara
Mr. Kevin Lyons